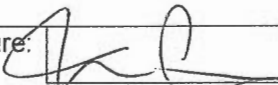


STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

REQUEST FOR INTERVIEW

Name:	TREVOR STEFANO	Institution:	GCCC	Date:	07-16-13	
ACOMS #:	506410	Mod:	DELTA	Cell:	51-6	Mail box: 41
To:	Probation					
Request:	<p>I HAVE A CLASSIFICATION ON THE 26th OF THIS MONTH AND WOULD LIKE TO BE CONSIDERED FOR TRANSFER TO PALMER CORRECTIONAL CENTER. THE REASON THAT I WOULD LIKE TO GO THERE IS THEY OFFER A STATE CERTIFIED ASBESTOS ABATEMENT COURSE AND HAZMAT RESPONSE/TRANSPORT. I WANT TO COMPLETE THESE COURSES THAT ARE NOT OFFERED HERE, IN FACT, THERE IS NOT A CLASS OFFERED AT THIS PRISON THAT I HAVE NOT ALREADY COMPLETED OR THAT IS COVERED UNDER MY USDOL BUILDING MAINTENANCE REPAIR CERT. PALMER OFFERS CLASSES I HAVE NOT YET TAKEN AND THAT CAN HELP BOLSTER MY MAINTENANCE RESUME. MORE IMPORTANTLY, I AM IN FEAR OF BEING RETALIATED AGAINST</p>					
Prisoner Signature:	Trevor Stefano					

Action Taken:	<p>The classes have not been available at PCC for at least a few years. Transfers are at the needs of the Department of Corrections and at the direction of Central Classification and not by request. If you feel you are not safe at GCCC, notify Correctional staff immediately.</p>	
	J. Chynoweth, POTT	
Employee Signature:		Date: 7/17/13

Final Action Taken:		
Employee Signature:		Date:

Instructions: Requests must be specific and state the action being requested (i.e. interview, hearing, etc.).
Requests are to be responded to within a reasonable time of receipt.

Distribution: Original to Case Record

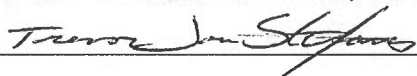
Department of Corrections, Form 808.11A
Rev: 04/08

EXHIBIT F
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STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

REQUEST FOR INTERVIEW

Name:	TREVOR JEN STEFANO	Institution:	GCCC	Date:	07-16-13		
ACOMS #:	506410	Mod:	DELTA	Cell:	51-b	Mail box:	41
To:	PROBATION						
Request:	<p>AT THIS FACILITY BECAUSE OF RUMORS BEING SPREAD BY OFFICERS AND ME BEING CONFRONTED BY OFFICERS ABOUT IT "BEING MY FAULT MS. KNITTLE GOT FIRED FOR HAVING "UNDUE FAMILIARITY" WITH ME, AND THAT WE MUST HAVE BEEN HAVING SEX". WHILE I CAN COMPLETELY ASSURE YOU THAT IS NOT TRUE I AM NEVERTHELESS BEING MADE TO FEEL VERY UNCOMFORTABLE AT THIS FACILITY BY SOME OFFICERS WHO I WOULD RATHER NOT NAME. I AM WORRIED ABOUT BEING RETALIATED AGAINST AT THIS FACILITY WHICH IS HARD FOR ME. I WOULD KINDLY REQUEST TRANSFER IN THE BEST INTEREST OF MY REHABILITATION AND SAFETY.</p>						
Prisoner Signature:							

Action Taken:		
Employee Signature:		Date:

Final Action Taken:		
Employee Signature:		Date:

Instructions: Requests must be specific and state the action being requested (i.e. interview, hearing, etc.).
Requests are to be responded to within a reasonable time of receipt.

Distribution: Original to Case Record

Department of Corrections, Form 808.11A
Rev: 04/08

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